

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 19 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000082464

1. Corporation Name

Droid Inc.

900007286359--1

-08/22/02--01042--028

****608.75 ****608.75

2. Principal Office Address

1150 W. ORANGE PALM BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1150 W. ORANGE PALM BLVD

Suite, Apt. #, etc.

City & State

SUNNYVALE FL

City & State

SUNNYVALE FL

Zip

33351

Country

BROW

Zip

33351

Country

BROW

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/96

5. FEI Number

650536290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDWARD GERSTEN

Street Address (P.O. Box Number is Not Acceptable)

1150 W. ORANGE PALM BLVD

Suite, Apt. #, Etc.

City

SUNNYVALE

State

FL

Zip Code

33321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ed

Date

8/14/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres. | EDWARD GERSTEN | 7874 LEXINGTON BLVD W | TAMARAC FL 33321 |
| Secy | SARAH GERSTEN | " " " | " " " |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Ed EDWARD GERSTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/02

954 742 8189

CR2E081 (9/01)